BROOKHAVEN SCIENCE ASSOCIATES MEDICAL PLAN COMPARISON FOR EMPLOYEES, NON-MEDICARE-ELIGIBLE RETIREES, PARTICIPANTS ON LTD, AND SPOUSES (EMPLOYEES *NOT* IN IBEW UNION)

	CIGNA Open Access Plus PPO		Aetna (HMO)	Vytra PPO		HIP (HMO)
	In-Network	**Out-of-Network**		**In –Network**	**Out-of-Network**	
Medical Care Provider	Participating physician/facility	Any physician/facility	Participating physician/facility	Participating physician/facility	Any physician/ facility	Participating physician/facility
Payment of Benefits	No claim forms	Submit claim forms	No claim forms	No claim forms	Submit claim forms	No claim forms
Age Limit for Dependent Children/Full-Time Student	To age 19/ No age limit	To age 19/ No age limit	To age 19/To age 23	To age 19/ To age 25	To age 19/ To age 25	To age 19/To age 25
Annual Deductible (Individual/Family)	N/A	$500/$1500**	N/A	N/A	$2000/$4000	N/A
Annual Out-of-Pocket Maximum (Individual/Family) (excluding deductible)	N/A	$2500/7500***	N/A	N/A	$5000/$10000	N/A
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Pre-Existing Condition Limitation	N/A	N/A	N/A	N/A	N/A	N/A
Office Visits (Illness)	Covered in full after $15 co-pay	80% of R&C after deductible	Covered in full after $15 co-pay	Covered in full after $15 co-pay	70% of R&C after deductible	Covered in full after $15 co-pay
(Injury)	Covered in full after $15 co-pay	80% of R&C after deductible	Covered in full after $15 co-pay	Covered in full after $15 co-pay	70% of R&C after deductible	Covered in full after $15 co-pay
Emergency Room (Accident)	Covered in full	Emergency: Covered in full Non-emergency: 80% of R&C after deductible	Covered in full after $35 co-pay (waived if admitted)	Emergency: Covered in full after $50 co-pay. Non-emergency: only covered out-of-network: 70% of R&C after deductible		Covered in full after $50 co-pay (waived if admitted)
(Illness)	Covered in full					
Inpatient Hospital (Semi-Private Room, Board, Services, Supplies)	Covered in full Pre-admission certification required or $250 penalty plus 50% reduction in benefits on any days not approved.	Covered in full	Covered in full	Covered in full	70% of R&C after deductible	Covered in full
(Physician)	Covered in full	80% of R&C after deductible	Covered in full	Covered in full	70% of R&C after deductible	Covered in full
(Surgeon)	Covered in full	80% of R&C after deductible	Covered in full	Covered in full	70% of R&C after deductible	Covered in full
Second Surgical Opinion (Office Visit)	Covered in full after $15 co-pay	100% of R&C	Covered in full after $15 co-pay	Covered in full after $15 co-pay	100% of R&C	Covered in full
Laboratory/X-Ray	Covered in full	80% of R&C after deductible	Covered in full after $15 co-pay	Covered in full	70% of R&C after deductible	Covered in full after $15 co-pay
Maternity (Initial Visit To Determine Pregnancy)	Covered in full after $15 co-pay	80% of R&C after deductible	Covered in full after $15 co-pay	Covered in full after $15 co-pay	70% of R&C after deductible	Covered in full after $15 co-pay
(Subsequent Visits/Delivery)	Covered in full	80% of R&C after deductible	Covered in full	Covered in full	70% of R&C after deductible	Covered in full
Prescription Medication (Retail)	*$5 generic/ $15 brand formulary/ $30 brand non-formulary (up to 30-day supply)	Must use in-network pharmacy	$5 generic/$10 brand formulary/ $25 brand non-formulary (up to 34-day supply)	*$5 generic/ $12 brand formulary/ $35 brand non-formulary (up to 30-day supply)	In-network only	$5 generic/$10 brand formulary/ $35 brand non-formulary (up to 30-day supply)
(Mail Order)	*$10 generic/ $30 brand formulary/ $60 brand non-formulary (up to 90-day supply)	Must use in-network benefit	$10 generic/$20 brand formulary/ $50 brand non-formulary (31 to 90-day supply)	*$10 generic/ $24 brand formulary/ $70 brand non-formulary (up to 90-day supply)	In-network only	Half of above co-pay (up to 90-day supply)

*After meeting a $100 per person/$300 per family annual drug deductible (does not apply to active employees in the SCSPA union).
**$250/$650 for active employees in the SCSPA union.
***$1200/$2400 for active employees in the SCSPA union.
(R&C = Reasonable & Customary)
This is a brief summary and thus is not an all-inclusive description of services. Only covered expenses are provided/reimbursed through the programs. **1-1-2005 Revised**

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	CIGNA Open Access Plus PPO		Aetna (HMO)	Vytra PPO		HIP (HMO)
	In-Network	**Out-of-Network**		**In –Network**	**Out-of-Network**	
Preventive Care (Routine Care For Children Including Immunizations)	Covered in full (NY) Covered in full after $15 co-pay (non-NY) (to age 19)	80% of R&C after deductible (to age 19)	Covered in full after $15 co-pay (to age 19)	Covered in full (to age 17)	70% of R&C after deductible	Covered in full (to age 19)
(Well Woman Exam)	Covered in full after $15 co-pay	80% of R&C after deductible	Covered in full after $15 co-pay	Covered in full after $15 co-pay	70% of R&C after deductible	Covered in full after $15 co-pay
(Pap Test)	Covered in full	80% of R&C after deductible	Covered in full after $15 co-pay	Covered in full w/office visit	70% of R&C after deductible	Covered in full after $15 co-pay
(Mammogram)	Covered in full	80% of R&C after deductible	Covered in full after $15 co-pay	Covered in full	70% of R&C after deductible	Covered in full after $15 co-pay
(Physical Exam)	Covered in full after $15 co-pay	Not covered	Covered in full after $15 co-pay	Covered in full after $15 co-pay	Not Covered	Covered in full after $15 co-pay
(Routine Eye Exam)	Not covered	Not covered	Covered in full after $15 co-pay	Covered in full after $15 co-pay (1 exam/year)	Not Covered	Covered in full (for optometrist)
Mental Health Care (Inpatient)	Covered in full	Same as inpatient hospital	Covered in full (Max: 35 days/year)	Covered in full (Max: 30 days/year combined in /out)	70% of R&C after deductible	Covered in full (Max: 30 days/year)
(Outpatient)	Covered in full after $15 co-pay/ visit	80% of R&C after deductible	$25 co-pay/visit (Max: 20 visits/year)	$15 co-pay visits 1-3 $25 co-pay visits 4-20 (Max:20 visits/year combined in/out)	70% of R&C after deductible	$25 co-pay/visit (Max: 20 visits/year)
Substance Abuse Treatment (Inpatient Detox)	Covered in full	Same as inpatient hospital	Covered in full	Covered in full Max: 3 periods/year combined in/out	70% of R&C after deductible	Covered in full (Max: 7 days/year)
(Outpatient Rehab)	Covered in full after $15 co-pay/ visit	80% of R&C after deductible	$15 co-pay/visit (Max: 60 visits/year)	$15 co-pay/visit (Max: 60 visits/year combined in/out)	70% of R&C after deductible	Covered in full (Max: 60 visits/year)
Alternate Care (Home Health Care)	Covered in full (Max: 40 visits/year combined in and out of network)	80% of R&C after deductible	Covered in full	Covered in full Max: 40 visits/year combined in/out	70% of R&C after deductible	Covered in full (Max: 200 visits/year)
(Skilled Nursing Facility)	Covered in full (Max: 60 days/year combined in and out of network)	80% of R&C after deductible	Covered in full	Covered in full Max: 45 days/year combined in/out	70% of R&C after deductible	Covered in full
(Outpatient Short-Term Rehab: Physical Therapy)	Covered in full after $15 co-pay	80% of R&C after deductible	$15 co-pay (Max: 60 consecutive days/injury/lifetime)	$15 co-pay Max: 60 consecutive days/ injury/ lifetime combined in/out	70%of R&C after deductible	Covered in full after $15 co-pay (Max: 90 visits/year)
Durable Medical Equipment	Covered in full	80% of R&C after deductible	Not covered	Covered in full	70% of R&C after deductible	Covered in full
External Prosthetic Devices	Covered in full	80% of R&C after deductible	Covered in full for initial device only	Covered in full	70%of R&C after deductible	Covered in full
Hearing Aids	Covered in full ----------(Max: $2000/1095 days)----------	80% of R&C after deductible	Not covered	Not covered	Not covered	Not covered

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